

PTO/SB/17 (12-04)

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|   |  |                          |                  |
|---|--|--------------------------|------------------|
| Executive on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). |  | <b>Complete If Known</b> |                  |
|   |  | Application Number       | 10/779,668       |
|   |  | Filing Date              | February 6, 2004 |
|   |  | First Named Inventor     | LANDSKRON        |
|   |  | Examiner Name            | Garter, Emma P.  |
|   |  | Art Unit                 | 3636             |
|   |  | Attorney Docket No.      | 200-89           |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                      |  |                          |                  |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$ 600.00)  |  |                          |                  |

**METHOD OF PAYMENT (check all that apply)**

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

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For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

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**FEES CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES  |          | SEARCH FEES  |          | EXAMINATION FEES |          | Fee Paid (\$) |
|------------------|--------------|----------|--------------|----------|------------------|----------|---------------|
|                  | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity     | Fee (\$) |               |
| Utility          | 300          | 150      | 500          | 250      | 200              | 100      |               |
| Design           | 200          | 100      | 100          | 50       | 130              | 65       |               |
| Plant            | 200          | 100      | 300          | 150      | 160              | 80       |               |
| Reissue          | 300          | 150      | 500          | 250      | 600              | 300      |               |
| Provisional      | 200          | 100      | 0            | 0        | 0                | 0        |               |

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity  
Fee (\$)  
Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims Extra Claims Fee (\$)  
11 - 20 or MP = x = .00  
MP = highest number of total claims paid for, if greater than 20

**Multiple Dependent Claims**

Fee (\$)  
Fee (\$)

00

Indep. Claims Extra Claims Fee (\$)  
6 - 3 or MP = 3 x 200.00 = .00  
MP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

|              |              |  |          |               |
|--------------|--------------|--|----------|---------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
| - 100 -      | / 50 =       | (round up to a whole number) x                   | = .00    |               |

Fees Paid (\$)

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other:

|                   |                |                                     |              |
|-------------------|----------------|-------------------------------------|--------------|
| SUBMITTED BY      |                | Registration No<br>(Attorney/Agent) | Telephone    |
| Signature         |                | 40,764                              | 561-653-5000 |
| Name (Print/Type) | Mark D Passier | Date                                | 3-16-05      |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number

10773648

CLAIMS AS FILED - PART I

|                                  | (Column 1)    | (Column 2)               |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS                     | 13            |                          |
| FOR                              | NUMBER FILED  | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 13 minus 20 = | *                        |
| INDEPENDENT CLAIMS               | 1 minus 3 =   | *                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |               | <input type="checkbox"/> |

| SMALL ENTITY TYPE | OTHER THAN SMALL ENTITY |
|-------------------|-------------------------|
| RATE              | RATE                    |
| BASIC FEE         | 385.00                  |
| OR                | BASIC FEE               |
| XS 9=             | 770.00                  |
| OR                | XS18=                   |
| X43=              | X86=                    |
| +145=             | +290=                   |
| TOTAL             | OR TOTAL                |

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

|  | (Column 1)                       | (Column 2)                         | (Column 3)    |
|--|----------------------------------|------------------------------------|---------------|
| AMENDMENT A                                    | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total  | 16 / 1                           | Minus 20                           | = 0           |
| Independent                                    | 6                                | Minus 3                            | = 3           |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  | <input type="checkbox"/>           |               |

| SMALL ENTITY     | OTHER THAN SMALL ENTITY |
|------------------|-------------------------|
| RATE             | ADDITIONAL FEE          |
| XS 9=            | XS18=                   |
| OR               | X86=                    |
| X43=             | +290=                   |
| +145=            | TOTAL ADDIT. FEE        |
| TOTAL ADDIT. FEE | OR TOTAL ADDIT. FEE     |

|  | (Column 1)                       | (Column 2)                         | (Column 3)    |
|--|----------------------------------|------------------------------------|---------------|
| AMENDMENT B                                    | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total  | Minus                            | **                                 | =             |
| Independent                                    | Minus                            | ***                                | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  | <input type="checkbox"/>           |               |

| ADDITIONAL FEE   | ADDITIONAL FEE      |
|------------------|---------------------|
| XS 9=            | XS18=               |
| OR               | X86=                |
| X43=             | +290=               |
| +145=            | TOTAL ADDIT. FEE    |
| TOTAL ADDIT. FEE | OR TOTAL ADDIT. FEE |

|  | (Column 1)                       | (Column 2)                         | (Column 3)    |
|--|----------------------------------|------------------------------------|---------------|
| AMENDMENT C                                    | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total  | Minus                            | **                                 | =             |
| Independent                                    | Minus                            | ***                                | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  | <input type="checkbox"/>           |               |

| ADDITIONAL FEE   | ADDITIONAL FEE      |
|------------------|---------------------|
| XS 9=            | XS18=               |
| OR               | X86=                |
| X43=             | +290=               |
| +145=            | TOTAL ADDIT. FEE    |
| TOTAL ADDIT. FEE | OR TOTAL ADDIT. FEE |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.